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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		Authorized Com				Office Use Only				
1. NAME OF COMMITTEE (in	TYPE OR PF	·	ample: If typinger the lines.	, type	12FE4M5					
CURT CLAWS	CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE									
ADDRESS (number ar	DDRESS (number and street) 8951 BONITA BEACH RD STE 525-V2014									
Check if dir than previo reported. (A	usly BONITA S	PRINGS			FL 3	34135				
2. FEC IDENTIFIC	CATION NUMBER V	CITY			STATE A	ZIP CODE				
C C005549	72	3. IS THIS REPORT	X NEW (N)	OR	AMEND (A)	STATE ▼ DISTRICT ED FL 19 L 19				
(a) Quarterly R	Quarterly Report (Q1)	(b) 12-Day PRE	E-Election Repor Primary (12P) Convention (1		General (1: Special (12					
	Quarterly Report (Q2) r 15 Quarterly Report (Q3) Election on	M M /	D D /	Y Y Y Y	in the State of				
January	31 Year-End Report (YE)	(c) 30-Day POS	T-Election Rep	ort for the:						
			General (30G)		Runoff (30)	R) Special (30S)				
Termina	ation Report (TER)	Election on	M M /	D D /	Y Y Y Y	in the State of				
5. Covering Period	M M / D D D D D D D D D D D D D D D D D	/ Y Y Y Y 2016	through	M M 03	/ D D /	Y Y Y Y 2016				
•	examined this Report and	d to the best of my ki	nowledge and b	elief it is tru	ie, correct and	complete.				
Type or Print Name	of Treasurer MARK BR	EBBERMAN								
Signature of Treasure	er <u>MARK BREBBERM</u>	AN	[Electronically F	iled] D	ate 04	15 / 2016				
	false, erroneous, or incon	nplete information may	subject the pers	on signing t	his Report to th	e penalties of 2 U.S.C. §437g.				
Office Use Only						FEC FORM 3 (Revised 02/2003)				

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

01 03 31 2016 01 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 41591.55 397065.23 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 5000.00 6500.00 (from Line 20(d)) (c) Net Contributions (other than loans) 36591.55 390565.23 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 36522.26 227822.70 (from Line 17) (b) Total Offsets to Operating 0.00 2550.44 Expenditures (from Line 14)..... (c) Net Operating Expenditures 36522.26 225272.26 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 208196.26 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 3825000.00 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

03 2016 01 01 2016 31 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 40691.55 361424.93 (i) Itemized (use Schedule A)...... 30140.30 900.00 (ii) Unitemized (iii) TOTAL of contributions 41591.55 391565.23 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 5500.00 (such as PACs)..... 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 41591.55 397065.23 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 2550.44 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.) 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 399615.67 41591.55 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	36522.26	227822.70
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed	0.00	0.00
	by the Candidate	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	5000.00	6500.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	5000.00	6500.00
21.	OTHER DISBURSEMENTS	0.00	10500.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	41522.26	244822.70
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	208126.97
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	41591.55
25.	SUBTOTAL (add Line 23 and Line 24)		249718.52
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	41522.26
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)		208196.26

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	FOR LINE NUMBER:				PAGE	:	5	OF	43
(check only one)									
X	11a	1	1b		11c		11	d	
	12	1	3a		13b		14		15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) MR. GEORGE G BEASLEY Date of Receipt Mailing Address 10 16TH AVE. S. 2016 16 City State Zip Code Transaction ID: SA11AI.10177 FL **NAPLES** 34102 FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 1700.00 Name of Employer Occupation BEASLEY BROADCAST GROUP CEO Memo Item Receipt For: 2016 Election Cycle-to-Date Primary General 2700.00 Other (specify) Full Name (Last, First, Middle Initial) MRS. SHIRLEY W BEASLEY Date of Receipt Mailing Address 10 16TH AVE. S. 16 2016 Citv State Zip Code Transaction ID: SA11AI.10176 **NAPLES** FL 34102 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 800.00 Name of Employer Occupation **HOMEMAKER HOMEMAKER** Memo Item Receipt For: 2016 Election Cycle-to-Date | Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) MR. DENNIS A CALVANESE Date of Receipt Mailing Address 5555 HERON POINT DRIVE 2016 27 PH 1 City State Zip Code Transaction ID: SA11AI.10164 FL **NAPLES** 34108 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 300.00 Name of Employer Occupation RETIRED **RETIRED** Memo Item Receipt For: 2016 Election Cycle-to-Date X General Primary 2300.00 Other (specify) 2800.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

PAGE 6 OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c Detailed Summary Page 13a

		Statements may not be sold or used by any pe e name and address of any political committee			
	NAME OF COMMITTEE (In Full) CURT CLAWSON- THE OUTS!	DER FOR CONGRESS COMMIT	ITEE		
Α.	Full Name (Last, First, Middle Initial) MR. DENNIS A CALVANESE Mailing Address 5555 HERON POINT DRIVE PH 1		Date of Receipt 01 27 2016		
	City	State Zip Code			
	NAPLES	FL 34108	Transaction ID : SA11AI.10165		
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period		
	Name of Employer	Occupation	700.00		
	RETIRED	RETIRED	Memo Item		
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date			
В.	Full Name (Last, First, Middle Initial) MS. JANE COX	Date of Receipt			
	Mailing Address 8813 TAMIAMI TRAIL, EAST	01			
	City NAPLES	State Zip Code FL 34113	Transaction ID : SA11AI.10147		
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period		
	Name of Employer	Occupation	1200.00		
	NURSING NETWORK	PRESIDENT	Memo Item		
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date 2700.00			
<u>с</u> .	Full Name (Last, First, Middle Initial) MS. JANE COX		Date of Receipt		
Ο.	Mailing Address 8813 TAMIAMI TRAIL, EAST		01 19 2016		
	City	State Zip Code	Transaction ID : SA11AI.10148		
	NAPLES	FL 34113			
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period		
	Name of Employer NURSING NETWORK	Occupation PRESIDENT	1500.00 Memo Item		
	Receipt For: 2016 Primary General Other (specify)				
Г	SUBTOTAL of Receipts This Page (optional)		3400.00		
1 1	'OTAL This Period (last page this line number	orny)			

FOR LINE NUMBER: **PAGE** 7 OF 43 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page 12 13a 13b 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) MR. JOE B COX Date of Receipt Mailing Address 1185 IMMOKALEE ROAD 2016 27 SUITE 110 City State Zip Code Transaction ID: SA11AI.10161 FL **NAPLES** 34110 FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 1000.00 Name of Employer Occupation **AKERMAN ATTORNEY** Memo Item Receipt For: 2016 Election Cycle-to-Date Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) MRS. BARBARA CROWN Date of Receipt Mailing Address 207 CHERRY HILL DRIVE 01 27 2016 Citv State Zip Code Transaction ID: SA11AI.10158 **PRESTO** PΑ 15142 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation **RETIRED RETIRED** Memo Item Receipt For: 2016 Election Cycle-to-Date | Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) MR. FRED DORAN Date of Receipt Mailing Address 13111 GRAY HERON DRIVE 2016 31 City Zip Code State Transaction ID: SA11AI.10245 FL NORTH FORT MYERS 33903 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation CAPE COD AREA SERVICE COMMITTE **EXECUTIVE** Memo Item Receipt For: 2016 Election Cycle-to-Date | Y Primary General Other (specify) 250.00 2250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

PAGE 8 OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X**]_{11a} 11b 11c 11d Detailed Summary Page 12 13a 13b

Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) CURT CLAWSON- THE OUTSII	DER FOR CONGRESS COMMIT	TEE		
Full Name (Last, First, Middle Initial) MRS. JILL LYNN DUNN Mailing Address 1339 NOBLE HERON WAY		Date of Receipt		
City	State 7in Code	01 27 2016		
City NAPLES	State Zip Code FL 34105	Transaction ID : SA11AI.10160		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period		
Name of Employer RETIRED	Occupation RETIRED	2000.00 Memo Item		
Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date 2000.00			
Full Name (Last, First, Middle Initial) MR. STEVEN S FISHMAN Mailing Address and Supplies		Date of Receipt		
Mailing Address 3243 GIN LANE		01 15 2016		
City NAPLES	State Zip Code FL 34102	Transaction ID : SA11AI.10138 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С			
Name of Employer	Occupation	1000.00		
RETIRED Receipt For: 2016	RETIRED	Memo Item		
Primary General Other (specify)	Election Cycle-to-Date			
Full Name (Last, First, Middle Initial) MRS. CHRISTINE R FLYNN		Date of Receipt		
Mailing Address 3801 FORT CHARLES DRIVE		01 27 2016		
City NAPLES	State Zip Code FL 34102	Transaction ID : SA11AI.10166		
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period		
Name of Employer	Occupation	1000.00		
RETIRED	RETIRED	Memo Item		
Receipt For: 2016	Election Cycle-to-Date			
Primary General Other (specify)	1000.00			
SUBTOTAL of Receipts This Page (optional)		4000.00		
TOTAL This Period (last page this line number of				

43 PAGE 9 OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 11d Detailed Summary Page 13a

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or for	commercial purposes, other than using the	name and address of any political committee	to solicit contributions from such committee.		
CI		DER FOR CONGRESS COMMIT	TEE		
	Name (Last, First, Middle Initial) R. LAMAR GABLE	Date of Receipt			
Mai	ling Address 2600 GOLDEN GATE PARKW	03 28 2016			
City		State Zip Code	Transaction ID : SA11AI.10229		
NA	PLES	FL 34105	Transaction ID . SATTAL 10229		
	ID number of contributing eral political committee.	С	Amount of Each Receipt this Period		
	ne of Employer RRON COLLIER COMPANIES	Occupation PARTNER	Memo Item		
Rec	eipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date			
	Name (Last, First, Middle Initial) R. JEFFREY A HEITMANN		Date of Receipt		
Mai	ling Address 2350 FORREST LANE		01 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City NA	PLES	State Zip Code FL 34102			
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period		
Nan	ne of Employer	Occupation	250.00		
SEL	F-EMPLOYED	DOCTOR	Memo Item		
Rec	eipt For: 2016	Election Cycle-to-Date	_		
×	Primary General Other (specify)	250.00			
	Name (Last, First, Middle Initial) S. DONNA G KELLER		Date of Receipt		
Mai	ling Address 2600 GOLDEN GATE PARKW	/AY	03 28 2016		
City NA	PLES	State Zip Code FL 34105	Transaction ID : SA11AI.10227		
	ID number of contributing eral political committee.	C	Amount of Each Receipt this Period		
	ne of Employer	Occupation	1750.00		
	_F-EMPLOYED	ACCOUNTANT	Memo Item		
-	Receipt For: 2016 Primary Other (specify) Election Cycle-to-Date 1750.00				
	OTAL of Receipts This Page (optional)	3750.00			
TOTA	L This Period (last page this line number of	only)			

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NAME OF COMMITTEE (In Full)

NAME OF COMMITTEE (In Full) CURT CLAWSON- THE OUTS	IDER FOR CONGRESS COMMIT	TEE
Full Name (Last, First, Middle Initial) LAIRD A LILE Mailing Address 3033 RIVIERA DRIVE SUITE 104 City NAPLES FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: 2016 Primary Other (specify) General	State Zip Code FL 34103 C Occupation ATTORNEY Election Cycle-to-Date	Date of Receipt M M M / 27 2016 Transaction ID : SA11AI.10169 Amount of Each Receipt this Period 5000.00 Memo Item
Full Name (Last, First, Middle Initial) LAIRD A LILE Mailing Address 3033 RIVIERA DRIVE SUITE 104 City NAPLES FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: 2016 Primary General Other (specify)	State Zip Code FL 34103 C Occupation ATTORNEY Election Cycle-to-Date 5400.00	Date of Receipt M M Z8 Z016 Transaction ID: SA11AI.10241 Amount of Each Receipt this Period 4800.00 M Memo Item EXCESS REFUNDED 1/28/16
Full Name (Last, First, Middle Initial) MR. MIKE LYSTER Mailing Address 5931 BARCLAY LANE City NAPLES FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: 2016 Primary General Other (specify)	State Zip Code FL 34110 C Occupation RETIRED - NUCLEAR ENERGY Election Cycle-to-Date	Date of Receipt M M M / 24 2016 Transaction ID: SA11AI.10153 Amount of Each Receipt this Period 1000.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		6000.00

PAGE 11 OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 11d Detailed Summary Page 12 13a

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or for commercial purposes, other than using	the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CURT CLAWSON- THE OUTS	SIDER FOR CONGRESS COMMIT	TTEE
Full Name (Last, First, Middle Initial) MRS. KATHLEEN MAIER Mailing Address 225 COVE LANE City NAPLES	State Zip Code FL 34102	Date of Receipt O1 27 2016 Transaction ID : SA11AI.10167
FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: 2016 Primary General Other (specify)	Occupation RETIRED Election Cycle-to-Date 5400.00	Amount of Each Receipt this Period 1900.00 Memo Item
Full Name (Last, First, Middle Initial) MR. RUSSELL MAIER Mailing Address 225 COVE LANE City NAPLES	State Zip Code FL 34102	Date of Receipt O1 27 2016 Transaction ID : SA11AI.10156
FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: 2016 Primary General Other (specify)	Occupation RETIRED Election Cycle-to-Date	Amount of Each Receipt this Period 200.00 Memo Item
Full Name (Last, First, Middle Initial) MR. RUSSELL MAIER Mailing Address 225 COVE LANE City NAPLES FEC ID number of contributing federal political committee. Name of Employer RETIRED Receipt For: 2016 Primary Other (specify) General	State Zip Code FL 34102 C Occupation RETIRED Election Cycle-to-Date 5600.00	Date of Receipt M M M / 27 2016 Transaction ID: SA11Al.10168 Amount of Each Receipt this Period 2900.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		5000.00
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) MR. RUSSELL MAIER Date of Receipt Mailing Address 225 COVE LANE 2016 28 City State Zip Code Transaction ID: SA11AI.10242 FL **NAPLES** 34102 FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 200.00 Name of Employer Occupation **RETIRED** RETIRED × Memo Item **EXCESS REFUNDED 1/28/16** Receipt For: 2016 Election Cycle-to-Date Primary X General 5400.00 Other (specify) Full Name (Last, First, Middle Initial) MR. FRED PEZESHKAN Date of Receipt Mailing Address 3530 KRAFT ROAD 21 2016 SUITE 204 Citv State Zip Code Transaction ID: SA11AI.10246 **NAPLES** FL 34105 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2291.55 Name of Employer Occupation CEO MANHATTAN CONSTRUCTION Memo Item IN-KIND: FACILITY RENTAL/CATERING SERVICES Receipt For: 2016 Election Cycle-to-Date | Primary General 2291.55 Other (specify) Full Name (Last, First, Middle Initial) BARRY W RIDINGS Date of Receipt Mailing Address 21 LILAC LANE 2016 31 City State Zip Code Transaction ID: SA11AI.10243 NJ **PRINCETON** 08540 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation LAZARD FRERES & CO MANAGING DIRECTOR Memo Item Receipt For: 2016 Election Cycle-to-Date | Y Primary General Other (specify) 1000.00 3291.55 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

PAGE 13 OF 43 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 11d Detailed Summary Page 13a 13b

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NAME OF COMMITTEE (In Full) CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE										
<u></u> А.	Full Name (Last, First, Middle Initial) MRS. FAHADA SAAD	Date of Receipt								
	Mailing Address 1915 COCOPLUM WAY	01 22 2016								
	City NAPLES	State Zip Code FL 34105	Transaction ID : SA11AI.10152							
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period							
	Name of Employer PREMIER SOTHEBY'S INTERNATIONAL REAL	Occupation REALTOR	Memo Item							
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date 2000.00								
В.	Full Name (Last, First, Middle Initial) BURT SAUNDERS Mailing Address 5710 DOGWOOD WAY	Date of Receipt								
	City	State Zip Code	01 27 2016							
	NAPLES	FL 34116	Transaction ID : SA11AI.10163							
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period							
	Name of Employer GRAY ROBINSON	Occupation GOVERNMENTAL RELATIONS	Memo Item							
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date	Memoritem							
<u> </u>	Full Name (Last, First, Middle Initial) MR. FRANK SCHWERIN		Date of Receipt							
Ο.	Mailing Address PO BOX 8237		01 27 2016							
	City NAPLES	State Zip Code FL 34101	Transaction ID : SA11AI.10162							
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period							
	Name of Employer CARDIO-IMAGING OF NAPLES, INC	Occupation PHYSICIAN	2500.00 Memo Item							
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date 2500.00								
s	UBTOTAL of Receipts This Page (optional)		5500.00							
Т	OTAL This Period (last page this line number of									

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or to committee and parposes, earler and a demig a	ie name and address of any political committee	to concit contributions from each committee.
NAME OF COMMITTEE (In Full) CURT CLAWSON- THE OUTS	IDER FOR CONGRESS COMMIT	ITEE
Full Name (Last, First, Middle Initial) MRS. BONNIE SEALEY Mailing Address 23345 OLDE MEADOWBRO	OK CIRCLE	Date of Receipt
City BONITA SPRINGS	State Zip Code FL 34134	02 01 2016
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer RETIRED	Occupation RETIRED	1000.00 Memo Item
Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date	
Full Name (Last, First, Middle Initial) MR. JOHN SKUBICK Mailing Address 791 106TH AVE. N		Date of Receipt 01 27 2016
City NAPLES	State Zip Code FL 34108	Transaction ID : SA11Al.10155
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer RETIRED	Occupation RETIRED	100.00 Memo Item
Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date 400.00	
Full Name (Last, First, Middle Initial) MR. ANTHONY M STONIS Mailing Address 370 BOW LINE BND.		Date of Receipt
City NAPLES	State Zip Code FL 34103	03 28 2016 Transaction ID : SA11AI.10224
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer CARDOLITE CORPORATION Receipt For: 2016	Occupation PRESIDENT Election Cycle-to-Date	100.00 Memo Item
Primary General Other (specify)	1100.00	
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number	only)	, ,

Use separate schedule(s) for each category of the Detailed Summary Page (check only one)

FOR	LINE	NU	MRFK:		FAGE		ı	OF	43
(check only one)									
×	11a		11b		11c		11	d	
	12		13a		13b		14	ļ.	15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) MR. KERMIT S SUTTON Date of Receipt Mailing Address 715 TENTH STREET SOUTH 2016 27 City State Zip Code Transaction ID: SA11AI.10170 FL **NAPLES** 34102 FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 1000.00 Name of Employer Occupation **SUTTON COMPANY PRESIDENT** Memo Item Receipt For: 2016 Election Cycle-to-Date Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) FRANCES G VILLERE Date of Receipt Mailing Address 2600 GOLDEN GATE PARKWAY 28 2016 Citv State Zip Code Transaction ID: SA11AI.10231 **NAPLES** FL 34105 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1750.00 Name of Employer Occupation BARRON COLLIER COMPANIES **DIRECTOR** Memo Item Receipt For: 2016 Election Cycle-to-Date | Primary General 1750.00 Other (specify) Full Name (Last, First, Middle Initial) MR. ERIC D WEINBERGER Date of Receipt Mailing Address 14189 CALOOSA BLVD. 2016 19 City State Zip Code Transaction ID: SA11AI.10146 FL WEST PALM BEACH 33418 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation COLUMNA, INC. **ADMINISTRATOR** Memo Item Receipt For: 2016 Election Cycle-to-Date Primary General Other (specify) 500.00 3250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	NUMBER:	PAGE	: 16 OF	43		
(check only one)						
X _{11a}	11b	11c	11d			
12	13a	13b	14	15		

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NAME OF COMMITTEE (In Full) CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) MR. STEPHEN RAY WHEELER Date of Receipt Mailing Address 4980 RUSTIC OAKS CIRCLE 2016 80 City State Zip Code Transaction ID: SA11AI.10174 FL 34105 **NAPLES** FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 250.00 Name of Employer Occupation LEE MEMORIAL HEALTH **PHYSICIAN** Memo Item Receipt For: 2016 Election Cycle-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing С Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... 40691.55 TOTAL This Period (last page this line number only).....

PAGE 17 43 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21

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TOTAL This Period (last page this line number only).....

43 PAGE 18 OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full)

CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE

_					
A.		First, Middle Initial) ANDERSON			Date of Disbursement
	Mailing Address	2185 MALIBU LAKE CIRC APT 1236	LE		01 28 2016
	City NAPLES		State Zip Code FL 34119		Amount of Each Disbursement this Period
	FUNDRAISING Candidate Name				600.00 Memo Item
	Office Sought:		sbursement For: 2016	Category/ Type	Transaction ID : SB17.10183
	State:	Senate President District:	Primary General Other (specify)		
В.		First, Middle Initial) ANDERSON			Date of Disbursement
	Mailing Address	2185 MALIBU LAKE CIRC APT 1236	ELE		02 23 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	City NAPLES		State Zip Code FL 34119		Amount of Each Disbursement this Period
	Purpose of Disbu FUNDRAISING	ursement CONSULTING			600.00 Memo Item
	Candidate Name			Category/ Type	Transaction ID : SB17.10184
	Office Sought:	House D Senate President	sbursement For: 2016 Primary General Other (specify)		
	State:	District:			
	•	First, Middle Initial)			Data of Dishumannant
C.	CAPITOL F	HILL CLUB			Date of Disbursement
	Mailing Address	300 FIRST ST., SE			02
	City WASHINGTON		State Zip Code DC 20003		Amount of Each Disbursement this Period
	Purpose of Disbu MEETING EXPE	ursement ENSE: MEALS			254.25 Memo Item
	Candidate Name			Category/ Type	Transaction ID : SB17.10180
	Office Sought: State:	House D Senate President District:	sbursement For: 2016 Primary General Other (specify)		
,	SUBTOTAL of Dial	oursements This Boss (as	tional)		1454.25
3	ODIVIAL OF DISI	oursements this Page (0p)	uuidi)	·····	
т	OTAL This Period	I (last page this line numb	er only)		

PAGE 19 43 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21

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TOTAL This Period (last page this line number only).....

43 PAGE 20 OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

/					
		First, Middle Initial)			
A.	PAYPAL				Date of Disbursement
					M M / D D / Y Y Y Y
	Mailing Address	2211 NORTH FIRST	STREET		01 08 2016
	City		State Zip Code		Amount of Each Disbursement this Period
	SAN JOSE		CA 95131		
	Purpose of Disbu EVENT STAGING	rsement G EXPENSE			561.00
	Candidate Name			Category/ Type	Memo Item
	Office Sought:	House	Disbursement For: 2016	Турс	Transaction ID : SB17.10187
	ooo ooug	Senate			
		President	Other (specify)		
	State:	District:	(4)		
		First, Middle Initial)			
В.	PAYPAL	,			Date of Disbursement
	Mailing Address	2211 NORTH FIRST	STREET		02 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City		State Zip Code		
	SAN JOSE		CA 95131		Amount of Each Disbursement this Period
		rsement	50101	T	150.00
	Purpose of Disbu	G EXPENSE			
	Candidate Name				Memo Item
	oundidate Name			Category/ Type	Town and low ID
	Office Sought:	House	Disbursement For: 2016	Туре	Transaction ID : SB17.10188
	Office Sought.	Senate	Primary General		
			Other (specify)		
	Ctata	President	Other (specify)		
	State:	District:			
	•	First, Middle Initial)			D (D) .
C.	MR. FRED	PEZESHKAN			Date of Disbursement
	Martina Adalaha				M M / D D / Y Y Y
		3530 KRAFT ROAD			01 21 2016
		SUITE 204	State Zip Code		
	City NAPLES		FL 34105		Amount of Each Disbursement this Period
		reament			2291.55
	IN-KIND: FACILI	rsement TY RENTAL/CATERIN	IG SERVICES		
	Candidate Name				Memo Item
				Category/ Type	Transaction ID : SB17.10247
	Office Sought:	House	Disbursement For: 2016		
		Senate	Primary General		
		President	Other (specify)		
	State:	District:			
		·			
s	UBTOTAL of Dish	ursements This Page	(optional)		3002.55
Ť			V-12		
Т	OTAL This Period	(last page this line n	umber only)		
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PAGE 21 43 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21

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Other (specify)

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

FE5AN018

State:

President

District:

826.80

43 FOR LINE NUMBER: PAGE 22 OF Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

19b

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full)

	CURT CLAWSON- THE OU	TSIDER FOR CONGRES	55 COMMIT	IEE
۹.	Full Name (Last, First, Middle Initial) RED CURVE SOLUTIONS			Date of Disbursement
	Mailing Address 138 CONANT STREET 2ND FLOOR			01 11 2016
	City BEVERLY Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name Office Sought: House Senate President	State Zip Code MA 01915 Disbursement For: 2016 Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period 2403.88 Memo Item Transaction ID : SB17.10193
	State: District: Full Name (Last, First, Middle Initial) RED CURVE SOLUTIONS	Curer (specify)		
3.	Mailing Address 138 CONANT STREET 2ND FLOOR			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City BEVERLY Purpose of Disbursement COMPLIANCE CONSULTING	State Zip Code MA 01915		Amount of Each Disbursement this Period 2419.79
	Candidate Name		Category/ Type	Memo Item Transaction ID : SB17.10194
	Office Sought: House Senate President State: District:	Disbursement For: 2016 Primary General Other (specify)		
Э.	Full Name (Last, First, Middle Initial) RED CURVE SOLUTIONS Mailing Address 138 CONANT STREET 2ND FLOOR			Date of Disbursement M M M / D D / Y M Y M Y M Y M Y M Y M Y M Y M Y M Y
	City BEVERLY Purpose of Disbursement	State Zip Code MA 01915		Amount of Each Disbursement this Period 2400.00
	COMPLIANCE CONSULTING Candidate Name		Category/ Type	Memo Item
	Office Sought: House Senate President State: District:	Disbursement For: 2016 Primary General Other (specify)	.,,,,,	Transaction ID : SB17.10221
s	UBTOTAL of Disbursements This Page (optional)		7223.67
т	OTAL This Period (last page this line nu	mber only)		

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

/	OUTSIDER FOR CONGRES	SS COMMIT	TEE
Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTION			Date of Disbursement
Mailing Address 138 CONANT STR 2ND FLOOR	EET		03 25 2016
City BEVERLY Purpose of Dishursement	State Zip Code MA 01915		Amount of Each Disbursement this Period
Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name		Category/ Type	Memo Item Transaction ID : SB17.10222
Office Sought: House Senate President State: District:	Disbursement For: 2016 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) SCM ASSOCIATES, INC Mailing Address 1283 MAIN ST.			Date of Disbursement
City DUBLIN Purpose of Disbursement PRINTING & DESIGN SERVICES Candidate Name Office Sought: House Senate President State: District:	State Zip Code NH 03444 Disbursement For: 2016 Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period 3275.63 Memo Item Transaction ID: SB17.10195
Full Name (Last, First, Middle Initial) SHIFMAN & CARLSON, Mailing Address 34705 WEST TWE	P.C.		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUITE 160 City FARMINGTON HILLS Purpose of Disbursement LEGAL CONSULTING Candidate Name Office Sought: House Senate President State: District:	State Zip Code MI 48331 Disbursement For: 2016 Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period 234.50 Memo Item Transaction ID: SB17.10196
SUBTOTAL of Disbursements This Pa	age (optional)		3621.38
TOTAL This Period (last page this line	e number only)		

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\rangle	CURT CLAWSON- THE OUTSIDER FOR CONGRES	S COMMIT	TEE
۸.	Full Name (Last, First, Middle Initial) THE SIMMONS GROUP		Date of Disbursement
	Mailing Address 3291 RIVERPARK CT.		01 06 2016
	City State Zip Code BONITA SPRINGS FL 34134 Purpose of Disbursement FUNDRAISING CONSULTING		Amount of Each Disbursement this Period 4900.00
	FÜNDRAISING CONSULTING Candidate Name	Category/ Type	Memo Item Transaction ID : SB17.10197
	Office Sought: House Senate President Disbursement For: 2016 Primary Other (specify) State: District:		
3.	Full Name (Last, First, Middle Initial) THE SIMMONS GROUP Mailing Address 3291 RIVERPARK CT.		Date of Disbursement
	City State Zip Code BONITA SPRINGS FL 34134 Purpose of Disbursement FUNDRAISING CONSULTING Candidate Name Office Sought: House Senate Disbursement For: 2016 Senate Primary General	Category/ Type	Amount of Each Disbursement this Period 4900.00 Memo Item Transaction ID: SB17.10198
	State: District: Other (specify) Full Name (Last, First, Middle Initial)		
Э.	THE SIMMONS GROUP Mailing Address 3291 RIVERPARK CT.		Date of Disbursement M M M / D D / Y M Y M Y M Y M Y M Y M Y M Y M Y M Y
	City State Zip Code BONITA SPRINGS FL 34134 Purpose of Disbursement FUNDRAISING CONSULTING		Amount of Each Disbursement this Period 4900.00
	Candidate Name	Category/ Type	Memo Item Transaction ID : SB17.10239
	Office Sought: House Senate President Disbursement For: 2016 Primary Other (specify) State:		
s	UBTOTAL of Disbursements This Page (optional)		14700.00
	OTAL This Period (last page this line number only)		

PAGE 25 43 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21

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NAME OF COMMITTEE (In Full) CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE Full Name (Last, First, Middle Initial) Date of Disbursement THE UPS STORE 2016 Mailing Address 8951 BONITA BEACH ROAD 01 25 SUITE 525 City State Zip Code Amount of Each Disbursement this Period FΙ **BONITA SPRINGS** 34135 10.92 Memo Item Candidate Name Category/ Type Transaction ID: SB17.10199 Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) TRANSAXT Date of Disbursement Mailing Address 190 MONROE AVENUE NW 01 04 2016 STE. 500 City State Zip Code Amount of Each Disbursement this Period MI 49503 **GRAND RAPIDS** Purpose of Disbursement MERCHANT FEES 346.50 Memo Item Candidate Name Category/ Type Transaction ID: SB17.10200 Disbursement For: Office Sought: House 2016 Senate Primary General

Full Name (Last, First, Middle Initial)

President

District:

District:

c. TRANSAXT

State:

Mailing Address 190 MONROE AVENUE NW STE. 500 City Zip Code State 49503 **GRAND RAPIDS** MI Purpose of Disbursement MERCHANT FEES Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House General Senate Primary President Other (specify)

Other (specify)

Date of Disbursement

Amount of Each Disbursement this Period
2.25

Memo Item

Transaction ID : SB17.10201

State:

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TOTAL This Period (last page this line number only).....

43 PAGE 27 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

\rangle	CURT CLAWSON- THE OUTSIDER FOR CONGRES	S COMMIT	TEE
۸.	Full Name (Last, First, Middle Initial) USPS		Date of Disbursement
	Mailing Address 9071 BONITA BEACH RD SE		01 11 2016
	City State Zip Code BONITA SPRINGS FL 34135 Purpose of Disbursement 34135		Amount of Each Disbursement this Period 294.00
	Purpose of Disbursement ANDERSON REIMBURSEMENT: POSTAGE Candidate Name	Category/ Type	X Memo Item Transaction ID : SB17.10212
	Office Sought: House		
3.	Full Name (Last, First, Middle Initial) USPS		Date of Disbursement
	Mailing Address 7770 PRESERVE LANE City State Zip Code NAPLES FL 34119		Amount of Each Disbursement this Period
	Purpose of Disbursement ANDERSON REIMBURSEMENT: POSTAGE Candidate Name	Category/ Type	X Memo Item Transaction ID : SB17.10214
	Office Sought: House Senate President Disbursement For: 2016 Primary Other (specify) State: District:		
	Full Name (Last, First, Middle Initial) USPS		Date of Disbursement
	Mailing Address 26150 OLD 41 RD.		02 25 2016
	City State Zip Code BONITA SPRINGS FL 34135		Amount of Each Disbursement this Period
	Purpose of Disbursement POSTAGE Candidate Name		Memo Item
	Office Sought: House Senate President Disbursement For: 2016 Primary Other (specify)	Category/ Type	Transaction ID : SB17.10205
	State: District: UBTOTAL of Disbursements This Page (optional)		6.45
	OTAL This Period (last page this line number only)		, , , , , , , ,

PAGE 28 43 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19b 19a Detailed Summary Page 20a 20b 20c 21

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	FOR LINE NUM	BER:	PAGE	29	OF	43
Use separate schedule(s)	(check only one)				
for each category of the Detailed Summary Page	17	18		19a		19b
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	President	Other (specify)		
State:	District:			
в. MR	ame (Last, First, Middle Initial) . RUSSELL MAIER g Address 225 COVE LANE			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CÓN	ES se of Disbursement ITRIBUTION REFUND date Name	State Zip Code FL 34102	Category/ Type	Amount of Each Disbursement this Period 200.00 Memo Item Transaction ID: SB20A,10218
Office State:	Sought: House Senate President District:	Disbursement For: 2016 Primary General Other (specify)		
Full Na	ame (Last, First, Middle Initial)			Date of Disbursement

Mailing Address City Zip Code State Amount of Each Disbursement this Period Purpose of Disbursement Memo Item Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify)

State: District:		
CURTOTAL of Dishumananta This Dans	(antion all	5000.00
SUBTUTAL of Disbursements This Page	e (optional)	
TOTAL This Period (last page this line r	umber only)	5000.00
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Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.5801 NAME OF COMMITTEE (In Full) CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary **CURTIS J CLAWSON** General Mailing Address Other (specify) \blacktriangledown 8951 BONITA BEACH RD. STE 525-V2014 State ZIP Code City FL 34135 **BONITA SPRINGS** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 200000.00 0.00 200000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 ^M 01 ^M ^D24 ž014 12/31/2014 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 200000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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AME OF COMMITTEE (In Full)			nsaction ID : S	C/10.5803	
CURT CLAWSON- THE OUTSIDER FO		SS COMMITTER			
LOAN SOURCE Full Name (Last, First, Middle In CURTIS J CLAWSON	itial)	Memo Item	Election: Prin	nary	
Mailing Address 8951 BONITA BEACH RD. STE 525-V2014				er (specify) ▼ -Primary	
City State	ZIP Cod	e			
BONITA SPRINGS FL	34135				
Original Amount of Loan Cum 150000.00	ulative Payment To [0.00	Balance Outst	anding at Close of	This Period
TERMS	5 . 5		D .		
Date Incurred M 02 / D04 / Y Ž014 Y	Date Due	Interest	0.00	Secur	rea:
List All Endorsers or Guarantors (if any) to Loan	n Source				
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State ZIP	Code	Amount Guaranteed Outstanding:		7	
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			_
City State ZIP	Code	Guaranteed Outstanding:	7	7	
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City State ZIP	Code	Guaranteed Outstanding:	7	7	
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City State ZIP	Code	Guaranteed Outstanding:	9	9	
SUBTOTALS This Period This Page (optional)		······	,	1500	00.00
TOTALS This Period (last page in this line only)		······	7	, ,	
Carry outstanding balance only to LINE 3, Schedule	D, for this line. If n	o Schedule D, carry	forward to ap	propriate line of	Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.5804 NAME OF COMMITTEE (In Full) CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary **CURTIS J CLAWSON** General Mailing Address X Other (specify) 8951 BONITA BEACH RD. Special-Primary STE 525-V2014 State ZIP Code City FL 34135 **BONITA SPRINGS** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 200000.00 0.00 200000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 ^M 02^M ž014 12/31/2014 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 200000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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o Aire		Detailed Summary P	age 13b
AME OF COMMITTEE (In Full)		Trans	action ID : SC/10.5805
CURT CLAWSON- THE OUTSI	DER FOR CONGRI	ESS COMMITTEE	
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item	Election: 2014
CURTIS J CLAWSON			Primary General
Mailing Address 8951 BONITA BEACH RD. STE 525-V2014			X Other (specify) ▼ Special-Primary
City	State ZIP C	Code	
BONITA SPRINGS	FL 3413	5	
Original Amount of Loan	Cumulative Payment	To Date Ba	alance Outstanding at Close of This Period
300000.00		0.00	300000.00
TERMS Date Incurred	Date Du	e Interest Ra	ate Secured:
M02 ^M / D18 ^D / Y 2014 Y	M M / D D / Y	(12/31/2014 [°]	% (apr) Yes No
List All Endorsers or Guarantors (if any	y) to Loan Source		103 110
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7 7 7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed	
		Outstanding:	9 9
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	99
SUBTOTALS This Period This Page (option			300000.00
Carry outstanding balance only to LINE 3.	Schedule D for this line	If no Schedule D. carry fo	rward to appropriate line of Summary

Use separate schedule(s)

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for each category of the **X** 13a Detailed Summary Page 13b Transaction ID: SC/10.5806 NAME OF COMMITTEE (In Full) CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary **CURTIS J CLAWSON** General Mailing Address X Other (specify) 8951 BONITA BEACH RD. Special-Primary STE 525-V2014 State ZIP Code City FL 34135 **BONITA SPRINGS** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 350000.00 0.00 350000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 ^D25 ^M 02^M ž014 12/31/2014 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 350000.00 TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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	Detail	ed Summary Page		13b
AME OF COMMITTEE (In Full)			ID : SC/10.5807	
CURT CLAWSON- THE OUTSIDER FOR		MMITTEE		
LOAN SOURCE Full Name (Last, First, Middle Initial CURTIS J CLAWSON		Memo Item Ele	ection: 2014 Primary General	
Mailing Address 8951 BONITA BEACH RD. STE 525-V2014			Other (specify) ▼ Special-Primary	
City State	ZIP Code			
BONITA SPRINGS FL	34135			
Original Amount of Loan Cumula 250000.00	ive Payment To Date	Balance	Outstanding at Close of The 250000	-
TERMS	Data Data	Internal Date	0	
Date Incurred M 03 M / D04 D / Y Ž014 Y	Date Due D	Interest Rate 0.00	Secured % (apr) Yes	: No
List All Endorsers or Guarantors (if any) to Loan S				
1. Full Name (Last, First, Middle Initial)	Name of	Employer		
Mailing Address	Occupati	on		
City State ZIP C	Amount Guarante Outstand			
2. Full Name (Last, First, Middle Initial)	Name of	Employer		
Mailing Address	Occupati	on		
	Amount	ad .		
City State ZIP C	de Guarante Outstand		7	
3. Full Name (Last, First, Middle Initial)	Name of	Employer		
Mailing Address	Occupati	on		
	Amount			
City State ZIP C	de Guarante Outstand			_
4. Full Name (Last, First, Middle Initial)	Name of	Employer		
Mailing Address	Occupati	on		
	Amount			_
City State ZIP C	de Guarante Outstand		9	
SUBTOTALS This Period This Page (optional)		····	250000	.00
TOTALS This Period (last page in this line only)		····· >	7	
Carry outstanding balance only to LINE 3, Schedule D,	for this line. If no Sched	ıle D, carry forward	to appropriate line of Su	mmary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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	Detailed Summary Page 13b
AME OF COMMITTEE (In Full)	Transaction ID: SC/10.5808
CURT CLAWSON- THE OUTSIDER FOR CONG	GRESS COMMITTEE
LOAN SOURCE Full Name (Last, First, Middle Initial) CURTIS J CLAWSON	Memo Item Election: 2014 Primary General
Mailing Address 8951 BONITA BEACH RD. STE 525-V2014	
City State ZI	P Code
BONITA SPRINGS FL 3	4135
Original Amount of Loan Cumulative Payme 300000.00	ent To Date Balance Outstanding at Close of This Period 0.00 300000.00
TERMS	
Date Incurred Date	Due Interest Rate Secured: 1
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
3. Full Name (Last, First, Middle Initial)	Outstanding: Name of Employer
(2004)	Traine of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Walling Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	300000.00
TOTALS This Period (last page in this line only)	ne. If no Schedule D, carry forward to appropriate line of Summary.

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AME OF COMMITTEE (In Full)	Transaction ID: SC/10.5809
CURT CLAWSON- THE OUTSIDER FOR	
LOAN SOURCE Full Name (Last, First, Middle Initial) CURTIS J CLAWSON	Memo Item Election: 2014 Primary General
Mailing Address 8951 BONITA BEACH RD. STE 525-V2014	Other (specify) ▼ Special-Primary
City State	ZIP Code
BONITA SPRINGS FL	34135
Original Amount of Loan Cumulati	Balance Outstanding at Close of This Per 0.00 300000.00
TERMS	
Date Incurred Mo3 / P17 / Y Ž014 Y	Date Due Interest Rate Secured: D D / Y12/31/2014 0.00 % (apr) Yes
List All Endorsers or Guarantors (if any) to Loan So	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Cod	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Cod	ode Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Cod	ode Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Cod	ode Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	300000.00
TOTALS This Period (last page in this line only)	· · · · · · · · · · · · · · · · · · ·
Carry outstanding balance only to LINE 3, Schedule D, for	for this line. If no Schedule D, carry forward to appropriate line of Summary

Use separate schedule(s) for each category of the Detailed Summary Page

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o Aito		Detailed Summary Pa	ge 13b
AME OF COMMITTEE (In Full)		Transa	ction ID : SC/10.5810
CURT CLAWSON- THE OUTSID	ER FOR CONGRES	SS COMMITTEE	
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item	Election: 2014
CURTIS J CLAWSON			Primary General
Mailing Address 8951 BONITA BEACH RD. STE 525-V2014			Other (specify) ▼ Special-Primary
City	State ZIP Co	de	
BONITA SPRINGS	FL 34135		
Original Amount of Loan	Cumulative Payment To	Date Bal	ance Outstanding at Close of This Period
300000.00		0.00	300000.00
TERMS Date Incurred	Date Due	Interest Rat	e Secured:
M03 ^M / D24 ^D / Y 2014 Y	M M / D D / Y	2/31/2014	% (apr) Yes No
List All Endorsers or Guarantors (if any)) to Loan Source		103 140
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9 9
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9 9
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This Page (optional			300000.00
Carry outstanding balance only to LINE 3.5	Schedule D. for this line. If	no Schedule D. carry for	ward to appropriate line of Summary

Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: SC/10.5811 NAME OF COMMITTEE (In Full) CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary **CURTIS J CLAWSON** General Mailing Address X Other (specify) 8951 BONITA BEACH RD. Special-Primary STE 525-V2014 State ZIP Code City FL 34135 **BONITA SPRINGS** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 300000.00 0.00 300000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 ^м о⁻4^м 02 ž014 12/31/2014 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 300000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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Transaction ID: SC/10.6205 NAME OF COMMITTEE (In Full) CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FUNDS] Election: 2014 Primary **CURTIS J CLAWSON** General Mailing Address X Other (specify) 8951 BONITA BEACH RD. Special-Primary STE 525-V2014 State ZIP Code City FL 34135 **BONITA SPRINGS** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 750000.00 0.00 750000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 ^м о⁻4^м ž014 12/31/2014 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 750000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Summary Page	13b
AME OF COMMITTEE (In Full)		Transaction ID :	SC/10.6206
CURT CLAWSON- THE OUTS			
LOAN SOURCE Full Name (Last, First CURTIS J CLAWSON Mailing Address 8951 BONITA BEACH RD.	st, Middle Initial) 'PERSONAL F	Pri Ge	n: 2014 mary neral ner (specify) ▼ al-General
STE 525-V2014	State ZIP Co		
City BONITA SPRINGS	State ZIP Co	de	
Original Amount of Loan	Cumulative Payment To	Date Balance Outs	standing at Close of This Period
25000.00		0.00	25000.00
Date Incurred Mo4 / D30 / Y 2014 Y		Interest Rate 2/31/2014 0.00	Secured: % (apr) Yes No
List All Endorsers or Guarantors (if and 1. Full Name (Last, First, Middle Initia		Name of Employer	
1. Full Name (Last, First, Middle Initia	ai)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	, , , , ,
3. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	,,
4. Full Name (Last, First, Middle Initia	1)	Name of Employer	
Mailing Address		Occupation	
City St	rate ZIP Code	Amount Guaranteed Outstanding:	
UBTOTALS This Period This Page (opti			25000.00
Carry outstanding balance only to LINE	3, Schedule D, for this line. If	no Schedule D, carry forward to a	ppropriate line of Summary.

Use separate schedule(s) for each category of the

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X 13a Detailed Summary Page 13b Transaction ID: SC/10.6207 NAME OF COMMITTEE (In Full) CURT CLAWSON- THE OUTSIDER FOR CONGRESS COMMITTEE LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FUNDS] Election: 2014 Primary **CURTIS J CLAWSON** General Mailing Address X Other (specify) 8951 BONITA BEACH RD. Special-General STE 525-V2014 State ZIP Code City FL 34135 **BONITA SPRINGS** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 225000.00 0.00 225000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 ^M 06^M 03 ž014 12/31/2014 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 225000.00 TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Summary Pa	.ge	13b
IAME OF COMMITTEE (In Full)			ction ID : SC/10.7288	
CURT CLAWSON- THE OUTS				
LOAN SOURCE Full Name (Last, Fire CURTIS J CLAWSON	st, Middle Initial) PERSONAL .	FUNDS] Memo Item	Election: 2014 Primary General	
Mailing Address 8951 BONITA BEACH RD. STE 525-V2014			Other (specify)	
City	State ZIP C	Code		
BONITA SPRINGS	FL 3413	5		
Original Amount of Loan	Cumulative Payment 1	To Date Bal	ance Outstanding at Close of 7	
TERMS Date Incurred	Date Du	e Interest Rat	te Secure	d:
M07 ^M / D14 ^D / Y 2014 Y	M M / D D / Y		.00 % (apr) Yes	\times
List All Endorsers or Guarantors (if				
1. Full Name (Last, First, Middle Initia	al)	Name of Employer		
Mailing Address		Occupation		
City St	ate ZIP Code	Amount Guaranteed Outstanding:	, , , , , ,	
2. Full Name (Last, First, Middle Initia	l)	Name of Employer		
Mailing Address		Occupation		
		Amount		\neg
City St	ate ZIP Code	Guaranteed Outstanding:	9 9 9	
3. Full Name (Last, First, Middle Initia	l)	Name of Employer		
Mailing Address		Occupation		
		Amount Guaranteed		\neg
City St	ate ZIP Code	Outstanding:	9 9 9	
4. Full Name (Last, First, Middle Initia	l)	Name of Employer		
Mailing Address		Occupation		
City St	ate ZIP Code	Amount Guaranteed		$\overline{}$
Oily Oil	Zii Oddo	Outstanding:	7 7 7	
UBTOTALS This Period This Page (opt	ional)		17500	0.00
OTALS This Period (last page in this lin	ne only)		382500	0.00
OTALS THIS PERIOD (last page in this lin	ıe oriiy)	······	502300	0.00
Carry outstanding balance only to LINE	3, Schedule D, for this line. I	f no Schedule D, carry for	ward to appropriate line of S	ummary.